Europe's Value-Based Healthcare Blind Spot in Cardiology: Near-Zero Clinical Penetration of VBHC Evaluation Frameworks Across 15 Countries

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BACKGROUND

Value-based healthcare (VBHC) is endorsed across European cardiovascular policy,[1] including ESC[2] and multi-society statements.[3]

However, VBHC depends on measurement capabilities that are often assumed rather than verified.[4]

Whether these prerequisites exist in routine European cardiology practice has not been systematically quantified at the level of the individual centre.

PURPOSE

To determine how and if any European cardiology centres operate a VBHC evaluation framework, and to assess the measurement and data infrastructure that VBHC requires to function.

METHODS

Multinational cross-sectional survey of European cardiology centres (2025–2026).

Responses were consolidated to the unique centre (179 responses → 119 centres; 118 with the primary VBHC item; 15 countries).

"VBHC readiness" was defined as the co-occurrence of three individually necessary conditions: a VBHC evaluation framework, any QoL measurement, and between-centre data sharing.

Note: The accepted abstract reported an interim, respondent-weighted analysis (n=88). This poster reports the final centre-weighted dataset (119 centres).

RESULTS

Only 14.0% of centres reported any VBHC evaluation framework (95% CI 8.7–20.0%). Adoption was no higher in countries with established national VBHC programmes (Netherlands, UK, Sweden: 18.3%) than elsewhere (12.9%).

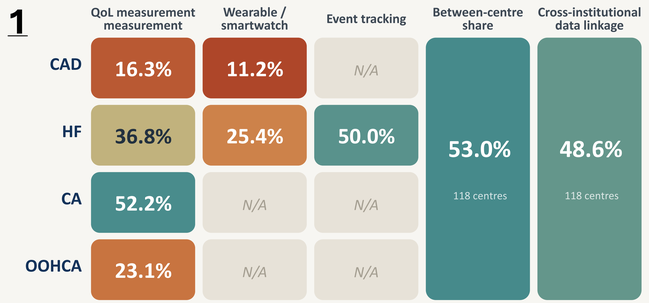

Figure 1. Measurement and data-infrastructure prerequisites for VBHC, by disease area. N/A = item not measured for that module.

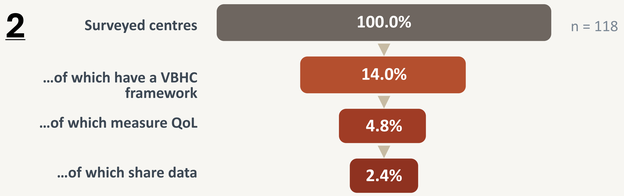

Figure 2. The VBHC readiness cascade. Of 118 surveyed centres, 14.0% operate a VBHC evaluation framework; 4.8% also measure QoL; and 2.4% additionally share data between centres (the minimal "readiness" threshold).

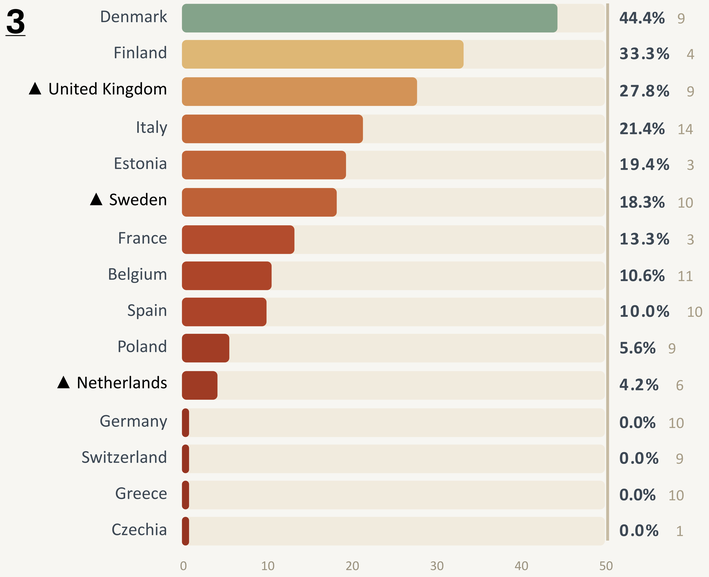

Figure 3. VBHC evaluation framework adoption by country. No country reached 50% adoption. Countries with established national VBHC programmes (▲) showed no advantage

CONCLUSIONS & RECOMMENDATIONS

14% of centres operate any VBHC evaluation framework

2.4% of centres meet minimum VBHC readiness

0/15 countries reach 50% adoption

Therefore, a clear "VBHC-habilitation strategy" (prioritising outcome capture, interoperable data, and standardised PROMs before value-based contracting) may be a prerequisite for VBHC to operate at scale.

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